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CONFIRMATION NO. 4096

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| SERIAL NUMBER 10/524,267 | FILING OR 371(c) DATE 02/06/2006 RULE | CLASS 455 | GROUP ART UNIT 2617 | ATTORNEY DOCKET NO. |
| APPLICANTS Wilhelm Muller, Worth, GERMANY; ** CONTINUING DATA ***** This application is a 371 of PCT/EP02/09103 08/14/2002 ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/16/2006 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 3 | TOTAL CLAIMS 11 |
| | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS <div style="text-align: right;">AIR MAIL</div> WILHELM MULLER UNTRANGER 21 WORTH, 85457 GERMANY | | | | |
| TITLE Treatment of a location request by a first location request treatment device (a gateway mobile location centre) in a home register (hlr) for retransmission to a second location request treatment device | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |